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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Nada Milosavljevic
Art Unit	
Examiner Name	
Attorney Docket Number	42391-10009

Sheet	2	of	2
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NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
/K.R./	7	SABATINE, Pocket Medicine, 2000, Lippincott Williams & Wilkins, Philadelphia, PA, USA	

Examiner Signature	/Kristine Rapillo/	Date Considered	04/29/2009
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U. S. PATENT DOCUMENTS

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FOREIGN PATENT DOCUMENTS

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Examiner Signature		Date Considered	
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